

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MAY 4 1 2020

Bayfield Co. Zoning Dept.

Permit #:

20-0347

Date:

12-29-20

Amount Paid:

\$90
\$90 5-21-2020

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone: (715) 1798-4991			
Patricia Dalsin		44665 Bay Dr.		Cable, WI 54821					
Address of Property:		City/State/Zip:				Cell Phone:			
Same									
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
self									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
Mike Fortak (715) 817-2034		6173 Iron Lake Rd, WI 54847				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)			
				24541		2019R 580429			
1/4, 1/4		Gov't Lot 2		Lot(s)		CSM		Vol & Page	
Section 10, Township 43 N, Range 6 W		Town of: Namakagon		Lot Size		Acreage 1.03			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$30,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 26	Width: 24	Height: 22
Proposed Construction:	Length: 26	Width: 24	Height: 22

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) garage 2nd story ATF	(26 X 24)	624
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) Storage w/ Bathroom	X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 5-19-2020

Address to send permit

44665 Bay Dr, Cable, WI 54821

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached survey

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	55' Feet		Setback from the Lake (ordinary high-water mark)	70' Feet
Setback from the Established Right-of-Way	19' Feet		Setback from the River, Stream, Creek	NA Feet
			Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	225' Feet			
Setback from the South Lot Line	150' Feet		Setback from Wetland	60' + Feet
Setback from the West Lot Line	NA Feet		20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	60' Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40' Feet		Setback to Well	79' Feet
Setback to Drain Field	NA Feet			
Setback to Privy (Portable, Composting)	NA Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 298119	# of bedrooms: 3	Sanitary Date: 04/22/98
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0347		Permit Date: 12-29-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ATF	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
		Lakes Classification (1)		
Date of Inspection: 12/21/20	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
ATF - 2nd story storage No sleeping or human habitation in structure Remove Garbage Shed No Additional structures allowed on property w/o zoning approval				
Signature of Inspector: [Signature]				Date of Approval: 12/29/20
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

William & Lynn Dalsin
12110 210TH ST. W.
Lakeville, MN 55044
(612) 469-3991

Job # 13652

Scale: 1" = 40' * Except where noted

RECEIVED
FEB 25 2020
Bayfield Co. Zoning Dept.

S 10, T 43, R 6 W
Gov't Lot 2, Lot # 7
Parcel I.D. # 034-1060-01
Town of Namakagon
Bayfield Co., WI

BM \blacktriangle = 100' at Bottom of Wood
siding on SE corner of
Garage. (.2' above slab)

Elevations:

B1 = 106.75'

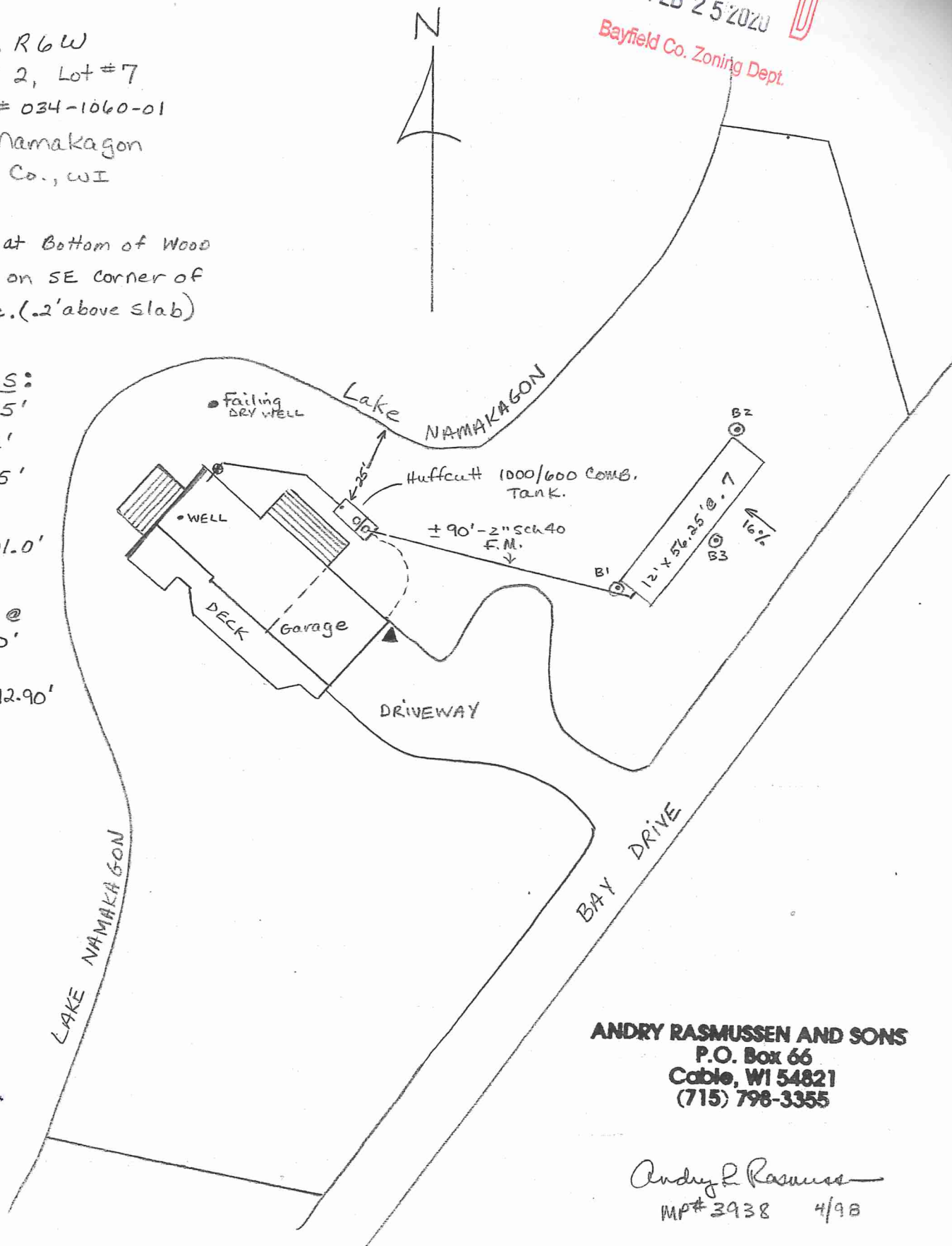
B2 = 104.2'

B3 = 107.85'

System = 101.0'

Pump elev. @
off = 89.0'

Vert. Lift = 12.90'
(est.)



ANDRY RASMUSSEN AND SONS
P.O. Box 66
Cable, WI 54821
(715) 798-3355

Andry Rasmussen
MP# 3938 4/98

State or Federal
Required
Fact

Intercept 298119

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Issued To: **Patricia Dalsin / Mike Furtak, Agent**

NW ¼ Section **10** Township **43** N. Range **6** W. Town of **Namakagon**

Block Subdivision CSM#

Primary Structure: [2- Story; Garage with Storage & Bathroom (26' x 24') = 624 sq. ft.]

Expansions or development would require additional permitting.

No living or human habitation in structure without Zoning permits and UDC inspections.
No garden sheds. No additional structures allowed on property without Zoning approval.

General laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

One year from date of issuance if the authorized construction work or permit has not begun.

Specifications shall not be made without obtaining approval. This permit is revoked if any of the application information is found to have been

fraudulent, or incomplete.

Permit is revoked if any performance conditions are not completed

Conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 29, 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 227811
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 12152001-2020

Tax ID: 25100

Issued To: ROBERT C & ROSE A LEE

Location: NAMAKAGON LAKE SHORE
SUBDIV S 1/2 S 1/2 OF LOT 33 IN DOC
2020R-585666 749B

Section 14

Township 43 N.

Range 06 W.

NAMAKAGON

Govt Lot 0

Lot

Block

Subdivision: NAMAKAGON CSM# NA
LAKE SHORE SUBDIVISION

For: Residential / Residence / 40L x 20W x 15H, Porch: 16L x 8W x8H, Garage: 24L x 16W x15H

Condition(s): Repairs to Non-Conforming structure 34.5 feet from OHWM as allowed per Section 13-1-40(f)(2) BC Zoning Ordinance. No expansion of footprint allowed. Covered patio in NE Corner (lakeside) can not be enclosed.

Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit if required by Statute or Contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Rob Schierman

Authorized Issuing Official

Tue Dec 22 2020

Date

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

(Disclaimer): Any future expansions or development requires additional permitting.